

Better Homes and Centers



Michigan Department of
Social Services

Health and Safety II
Winter 1987

DISEASES IN CHILD CARE FACILITIES

*By Isabel Leader, Director of Microbiology
Ingham Medical Center*

The Problem

Infants and toddlers are more susceptible to infectious diseases due to their limited immune systems and physical features.

The newborn receives maternal antibodies before birth. This passive immunity decreases by the time the infant is 6-8 weeks of age.

Low levels of immunity from birth to two years of age and lack of previous exposure to different germs account for high susceptibility to infections during this period.

In infancy, the tube in the ear is short, wide, and horizontal and nasal and throat secretions easily reach the middle ear. That is why most ear infections occur in children between 6 and 18 months. By school age, the tube is longer, narrower and angled, limiting the access of these secretions into the middle ear.

LIST OF COMMON INFECTIONS IN CHILD CARE FACILITIES

Organ	Agent or Disease	Possible Cause
Respiratory Tract	Respiratory syncytial virus; Influenzae virus; Haemophilus influenzae type b; Neisseria meningitis; Common cold virus; Tuberculosis (not common)	Overcrowded, poorly ventilated, closed environment
Gastro-intestinal Tract and Liver	Shigella; Rotavirus; Giardia; Iambilia; Cryptosporidium; Hepatitis A; Enterovirus	Diapers, careless caregiver practices; mouthing of toys (saliva)
Skin	Impetigo, Scabies, Lice	Direct contact
Multisystem	Cytomegalovirus	Oral secretions (saliva through mouthing of toys) infected urine

DIRECTOR'S CORNER

I would like to take this opportunity to thank those of you who have taken time to express your appreciation for Better Homes and Centers. We have been publishing the newsletter now for about 4 years. Many of you have personally communicated to me or to the editorial staff on the different ways it has been of value to you.

Our original goal was to have a way to communicate with the 13,000-plus child day care providers in Michigan. The newsletter has given us a vehicle to share many current child day care concerns and issues that interest all of us. Many child care providers also have experiences that can and should be passed on to others. The newsletter has given many of you the opportunity to do that.

We have also been able to collect certain data that we all would like to know about child care in Michigan. In turn, we summarized that information and shared it with you through the newsletter.

While the editorial staff and I believe we are meeting the original expectations we had for Better Homes and Centers, there may well be ways to change it for the better. We would like to hear from you about what you like, what you don't like, and what you would like us to do differently.

Your comments will help guide us to continue to make Better Homes and Centers interesting and useful to you. Please send your comments to me, at the following address:

Ted deWolf, Director
Child Day Care Licensing Division
Michigan Department of Social Services
300 S. Capitol
P.O. Box 30037
Lansing, Michigan 48909

HEALTH CARE SERVICE PLAN

*By Carole Grates, Licensing Consultant
and
Hilde Weems, Supervisor
Division of Child Day Care Licensing*

Only centers serving children under 2½ years of age are required to have a health care services plan, but developing such a plan is a good idea for all day care providers because it helps focus on critical health issues.

You can develop this plan yourself and have it approved by a medical resource person or you could select a committee of parents, staff, and a medical resource person to help you.

The plan should include health practices and policies, health resources, and plans for staff training.

Health Practices and Policies

Basic issues to be covered under this heading include:

- a. Diapering procedures (location of diapering area; method of cleansing hands; method of cleansing area; disposal and/or storage of diapers).
- b. Proper storage and disposal of formula, milk, and foods.
- c. Methods of sanitizing bottles and nipples, if applicable.
- d. Maintenance of sleeping equipment (blankets, beds, cots, sheets, pillows) in a sanitary condition.
- e. Procedures for cleaning and/or sanitizing of toys and other surfaces.
- f. Plan for observation of general health of children including recognition of disease symptoms, simple rashes, and gross developmental deficiencies.
- g. Plan for handling minor injuries such as bumps, bruises, or minor cuts.
- h. Plan for handling emergencies which require more than first aid (band aid or ice) procedures.
- i. General policies for parents regarding provision of updated physicals and immunizations.
- j. General policies for parents regarding the child's daily state of health, including what symptoms indicate the child should remain at home (diarrhea, fever, etc.), and when sick children can come back.
- k. Plan for giving medicines and storage of medications.

Health Resources

Reach out in the community to identify the many resources available. These might include people, written information, films, and training from hospitals, university and college departments, the Red Cross, and the Public Health Department.

Also, consider setting up a parent center that includes health information or providing parents with a list of available resources in the community.

If possible, set up an agreement with a local licensed physician or registered nurse for ongoing consultation. There may be such a resource person among your parents.

Staff Training

Initial orientation of new staff and posting health policies and procedures is essential. Ongoing staff training can be done in nap-time workshops or other sessions which can utilize the training services of the Red Cross, the Public Health Department, or other community health resources.

Training should cover the following topics:

- Symptoms of common childhood diseases.
- First aid for common injuries.
- Sanitation procedures, especially for diapering and food preparation.
- Administering medications and keeping accurate records.

Planning ahead will make your day care setting a safer, healthier place for young children.



AT YOUR FINGERTIPS

*By Carole Grates
Licensing Consultant, Saginaw County*

Children who participate in group situations are more prone to infectious diseases because of their many close interactions. They handle toys and often place them in their mouths. They share cookies or cups, hold hands, and hug each other.

What can a center or home do to decrease the spread of infectious diseases between children and staff? Believe it or not, the secret is right at your fingertips. The most effective method of controlling flu and cold outbreaks is proper handwashing.

Children should wash their hands with soap and warm running water before handling or eating food, after toileting, after nose-blowing, and whenever soiled. The bacteria and viruses that cause infectious disease thrive in warm wet locations. Hands become a good breeding place and a good means of transmittal when children share toys or handle food.

Caregivers should wash their hands with soap and warm running water before preparing or serving or eating food, after using the bathroom, after diaper changing or assisting a child in toileting, and after helping a child blow his nose.

Dry hands with a single purpose towel (paper towel). A cloth towel used by many persons creates the warm, moist environment needed for bacterial growth.

Washing hands in a tub of water is poor hygiene. The tepid, standing water encourages the growth of bacteria which is quickly transmitted to all children who use the water. If running water is not readily available, provide some damp paper towels for quick clean ups after messy projects. However, always rewash hands using soap and running water before handling or eating food.

Caregivers play an important role in modeling proper handwashing for children. In addition, caregivers need to carefully supervise children during handwashing to assure they use soap, warm running water, and friction that thoroughly cleanses the hands.

It is true that all infectious disease outbreaks cannot be prevented. However, you can reduce the incident of transmission by practicing and teaching proper hygiene and handwashing within your facility.

HIB

*By Sue Young
Day Care Home Licensing Consultant
Ingham County*

A new vaccine to prevent the serious bacterial disease *Haemophilus Influenzae* type b (Hib) has been developed and in April 1985 first approved for use in children over 18 months of age.

Hib is responsible for over half of the cases of meningitis in children (a common cause of mental retardation); over 90% of the cases of epiglottitis (a condition causing a child to choke to death if not immediately treated); and a major portion of joint infections (a potentially-crippling form of arthritis). According to the Michigan Department of Public Health, at least two deaths in Ingham County last year were attributed to Hib disease. It is a disease which kills and cripples and can be brought under control like mumps and measles.

Hib disease is contagious. The chances of a child developing Hib during the first five years of life are about 1 in 200. Children between 6 months and 1 year are most at risk. Although the current vaccine is not recommended for children under 24 months of age, some groups of children are at higher risk. The Immunization Practices Advisory Committee recommends immunization for these groups:

- Native Americans
- Blacks
- Individuals of lower socioeconomic status
- Those with specific chronic conditions
- Children in settings where they come into contact with a number of other children

Children at age 6 are generally believed to be producing antibodies to fight the disease at an adult level and are no longer highly at risk.

- Dick Padgett, an immunology specialist with the Michigan Department of Public Health, recommends vaccinating all children between the ages of 2 and 5½ years of age. Michigan legislation requiring vaccination for Hib has begun but will not likely be in place until next year.

When vaccination for Hib is required, enforcement will probably be the responsibility of people who routinely work with young children (day care providers, doctors offices and clinics, etc.).

For more information, contact your local health department or your physician.

PREPARING, HANDLING AND SERVING PRECAUTIONS

*By Jean McFadden, Extension Specialist
Foodservice Management
Dept. of Food Science & Human Nutrition
Michigan State University*

Personal Sanitation

- Protect food from coughs and sneezes. Cover the mouth when coughing, dispose of the tissue in a waste container and be sure to WASH HANDS. Keep hands away from mouth, nose, hair and skin infections.
- Always have children wash hands before touching food. Wash hands before handling food, soiled dishes, and visiting the restroom.
- Do not prepare food if there are sores, infected cuts or skin irritations on your hands.
- Never taste food with your fingers. Use a clean spoon each time to sample food.
- Do not mix food with your hands.
- Carry glasses at the bottom, not near the rim that comes into contact with the mouth. Pick up silverware by the handle, not the end which holds food.

Equipment Sanitation

- Avoid the use of cracked and chipped utensils and details. Any crack can harbor germs.
- Dishes washed by hand or in a dish machine should be air-dried.
- Keep all appliances and equipment clean and in good working order. Give special attention to cleaning can openers, stove, and refrigerator regularly.
- Food preparation surfaces should be washed and sanitized between preparation of different food items (as between meat, and salad preparation).
- Cutting boards should be hard non-toxic material which is smooth and free of cracks, crevices and open seams.
- After cutting any single meat, fish or poultry item, the cutting board must be thoroughly washed with soap and hot water (not just rinsed or wiped) before another item is cut.

Food Sanitation

- Protect food such as flour, cereal, cornmeal, sugar, dried beans, and peas from rodents and insects by storing in tightly-covered containers.
- Check food supplies before using. When in doubt, throw it out!!!

- Keep cold foods cold (40°F or below) and hot foods hot (cooked and held at 140°F or above). Store food at proper temperature at all times. Freezer temperature should be 0° or below. Freezing or refrigeration does not destroy the bacteria and once food is placed in a warmer spot growth can occur.
- Wash all fruits and vegetables before placing in refrigerator.
- Tops of cans should be washed before opening.
- If a canned food shows any sign of spoilage — bulging ends, leakage, off odor or mold — do not use it. Do not even taste it.
- Clean up spilled food immediately. Be sure to use different sponges for clothes, the table, and the floor and chair.
- All food items should be stored separately from nonfood items. All cleaning supplies and other poisonous materials must be stored away from food, dishes and utensils.


Food Preparation and Handling

- You can cook frozen meat, poultry or fish without thawing, but you must allow at least 1½ times as long to cook to be sure the center of the meat is properly cooked.
- Frozen foods that must be thawed before preparation should be thawed in the refrigerator. Do *not* thaw by allowing to stand at room temperature.
- Never allow hot foods to cool slowly to room temperature before placing in the refrigerator. This slow cooling is an ideal temperature for the growth of bacteria.
- If enough food is prepared to offer seconds to the children, it should be held in the kitchen at safe temperature (40°F or below for cold foods, 140°F or above for hot foods) for refilling serving bowls as needed.
- Leftovers or prepared casseroles should not be held in the refrigerator over two days. Freeze if you want to keep them longer than this.

TEMPERATURE GUIDE TO FOOD SAFETY

°F

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF COMMUNICATION • 1975

250	
240	Canning temperatures for low-acid vegetables, meat, and poultry in pressure canner.
212	Canning temperatures for fruits, tomatoes, and pickles in waterbath canner.
165	Cooking temperatures destroy most bacteria. Time required to kill bacteria decreases as temperature is increased.
140	Warming temperatures prevent growth but allow survival of some bacteria.
125	Some bacterial growth may occur. Many bacteria survive.
60	DANGER ZONE Foods held more than 2 hours in this zone are subject to rapid growth of bacteria and the production of toxins by some bacteria.
40	Some growth of food-poisoning bacteria may occur.
32	Cold temperatures permit slow growth of some bacteria that cause spoilage.
0	Freezing temperatures stop growth of bacteria, but may allow bacteria to survive. (Do not store food above 10°F for more than a few weeks.)
 <p>FOR FOOD SAFETY KEEP HOT FOODS HOT COLD FOODS COLD</p>	

DISEASES . . .

(Continued from page 1)

Child care facilities experience a high concentration of viral, bacterial, and parasitic agents. If, in addition, they are overcrowded, and poorly ventilated, they may be a breeding ground for infection.

Prevention

1. Handwashing. Wash hands after blowing noses, changing diapers, and using toilets. This is the single most important method of prevention.

Physical Facilities

2. Provide proper light, ventilated space for play and rest.

Separate toilet and diapering areas from the kitchen facilities.

Provide soap dispensers and paper towels.

Sanitize diapering surfaces after each change.

Clean toys at the end of the day with an appropriate disinfectant.

Employee Health and Education

3. Provide personnel with written guidelines for health care.

Require a preemployment physical, T.B. and Rubella test.

Educate staff about different infectious agents.

4. Adult Caregivers as well as children should have appropriate immunizations.

5. Develop a health care policy with the local public health nurse.

Know when the children should not be in care.

Know how to handle children in care.

6. Provide health care literature to parents.

Attention: Please Inform Parents
Midwest AEYC Conference at
Detroit's Westin Hotel
Sunday, April 5, 8:30-10:30 a.m.
Workshops Planned Especially for Parents
Free Admission

COMMON POISONS

*Excerpted from Common Poisonous Plants
Cooperative Extension Service
Washtenaw County Extension Office*

Many plants, both wild and cultivated, are poisonous in varying degrees to human beings and warm-blooded animals. Plants are found indoors and out. It is important that providers identify potentially-dangerous plants and take precautionary measures to insure a safe environment for children and pets. If you know or suspect that a child has eaten parts of a plant, immediately contact the poison control center or your family physician for instructions.

The following list is by no means complete. However, it may help in identification or avoidance of possible problem plants.

Cherries, Wild and Cultivated

Poisonous Parts: All parts, particularly bark, leaves and seeds. The fruits are edible if the seeds are removed.

Symptoms or Comments: Fatal. Contains a compound that releases cyanide when eaten. Gasping, excitement, difficult breathing, paralysis of the voice, coma of short duration and death.

Related native and cultivated species of cherry, laurel cherry, plum, almond, and peach have similar effects. Apple and crab apple seeds also produce cyanide poisoning.

Oaks

Poisonous Parts: Foliage, acorns

Symptoms or Comments: Affects kidneys gradually. Symptoms appear only after several days or weeks. Takes a large amount for poisoning. Children should not be allowed to chew on acorns.

LANTANA



Lantana

Poisonous Parts: Leaves, fruit

Symptoms or Comments: Fatal. Affects lungs, kidneys, heart and nervous system. Grows in the southern U.S. and in moderate climates. Houseplants in Michigan.



YEW

Yew

Poisonous Parts: Foliage, bark, and seeds

Symptoms or Comments: Fatal. Foliage more toxic than berries. Death is usually sudden without warning symptoms.

Rhododendrons, Azaleas

Poisonous Parts: Entire plant

Symptoms or Comments: May be fatal; produces nausea and vomiting, depression, difficult breathing, prostration and coma. Watery eyes, mouth, and nose; slow pulse, vomiting, low blood pressure, convulsions, lack of coordination, and progressive paralysis of arms and legs until death. Children have been poisoned by sucking on the flowers and making "tea" from the leaves. About 250 species and horticultural varieties.

Mistletoe

Poisonous Parts: Berries

Symptoms or Comments: Can cause severe stomach and intestinal irritation with diarrhea and slow pulse. Several deaths among children have been attributed to eating the berries. Tea brewed from the berries has caused fatality.

DAPHNE

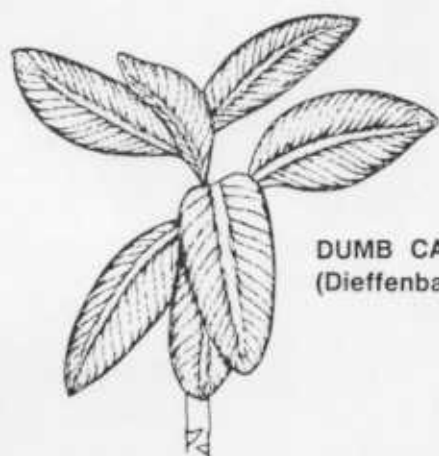


Daphne

Poisonous Parts: Berries

Symptoms or Comments: Fatal. A few berries can kill a child.

POISONOUS PLANTS



DUMB CANE
(Dieffenbachia)

Dumb Cane (Dieffenbachia)

Poisonous Parts: All parts

Symptoms or Comments: Severe burning or irritation in throat and mouth, copious salivation, and much swelling. May be fatal if swelling blocks all passages of throat. Sap may cause intense irritation on skin.



PHILODENDRON

Philodendron

Poisonous Parts: Entire plant

Symptoms or Comments: Same as those of Dieffenbachia or Dumb Cane but less severe. Cut-leaf philodendrons or monstera, Anthurium, Caladium and other members of the arum family have similar effects. Cats are especially susceptible to Philodendron poisoning.

Poinsettia

Poisonous Parts: Milky sap of leaves, stems, flowers, or fruit; green or dry

Symptoms or Comments: Severe irritation to mouth and throat, abdominal pains, diarrhea and delirium. Sap can cause dermatitis externally and temporary blindness if rubbed in eyes. Child fatalities from eating leaves are recorded. Many related species as Crown-of-Thorns, pencil trees, Snow-on-the-Mountain, and other spurges have similar effects.

Oleander

Poisonous Parts: Leaves, branches

Symptoms or Comments: Nausea, severe vomiting, bloody diarrhea, slowed and irregular heartbeat, unconsciousness, paralysis of the lungs, and death. A single leaf can be lethal. Food skewered on oleander branches has caused several deaths. A poison honey is made by bees visiting the flowers. Can also produce dermatitis.

Elderberry

Poisonous Parts: Shoots, leaves, bark

Symptoms or Comments: Children have been poisoned by using pieces of the pithy stem for blowguns.

Flowers which may cause severe illness:

Narcissus, Daffodil — Bulb

Hyacinth — Bulb

Autumn Crocus, Star of Bethlehem — Bulb

Lilies of the Valley — Leaves, flowers

Iris — Underground stem

Foxglove — Leaves

Bleeding Heart — Foliage, roots

Wisteria — Seeds, pods

(many children are poisoned by this plant).

Vegetables which may cause severe illness or death:

Rhubarb — leaf blade

Tomato Plant — Leaves, stem

Potatoes — Leaves, sprouts

HEAD LICE

By Hilde Weems
Licensing Supervisor, Ingham County

Children and adults may pick up lice anywhere as they spread easily. Here are some ways to prevent and treat the problem:

1. Observe for signs that children, family members or center staff have lice. Signs include persistent itching of the scalp and behind the ears, nits (small white eggs sticking to hair shaft), or swollen lymph glands in severe cases.
2. Inform all parents and staff about the problem, making sure each knows what symptoms to look for. If the symptoms of head lice appear, make sure parents begin treatment.
3. A medicated shampoo is used to kill the head lice and nits. This can be prescribed by the doctor or purchased over the counter. Be sure to follow the directions on the label carefully. The first application will kill all the lice, but there may be some nits remaining that will hatch out over the next week unless they are removed. A second application in about seven days should get rid of any remaining lice.

The over-the-counter remedies include Rid, A-200, R & C Shampoo and Triple X. Kwell must be prescribed by the doctor. Caution is advised about using Kwell on young children because of possible allergic reactions and other adverse side effects.

4. You, your family and staff may need to use the shampoo treatment also. Please consult with the health department regarding this need and whether to exclude confirmed cases from care for a period of time.
5. You may want to ask the parents' permission to do some of the regular special shampooing of their children while the children are in your care.
6. Thoroughly clean all articles that might harbor lice or nits. Clothing, towels, bed linens, pillows, cloth toys, hats or wigs should be dry cleaned or washed in hot, soapy water and ironed on the hot setting. Combs, brushes and other similar hair-care items should be disinfected by washing with one of the medicated shampoos listed above.

You may wish to share this information with your day care parents to facilitate a discussion about the effective handling of this problem.

LEAD POISONING IN CHILDREN

Lead poisoning is a disease predominately found in children and is evidenced by elevated levels of lead in their blood. The primary source is paint containing lead. A secondary source is dust or dirt containing lead, and a third source is fumes from cars/trucks using leaded gas. Most leaded paint is found in housing which pre-dates the 1960's — particularly pre-World War II housing. This could total as much as 50% of existing housing nationwide.

Although babies and young children should receive routine medical check-ups, infants and young children up to age six living in or around old housing and/or buildings should also be periodically screened for lead poisoning. Symptoms include:

- loss of appetite
- stomach pains
- constipation
- anemia
- vomiting
- tiredness/lack of energy
- irritability
- insomnia
- unsteady walk
- convulsions
- coma

Many of these symptoms resemble those of other diseases, which is why screening is so critical. Untreated, lead poisoning can lead to permanent brain damage or death.

Prevention is the key to avoiding the above problems. Take these steps:

- If you live in or near housing built prior to 1960, test the paint for lead content.
- If you live near, or have a household member employed by metal founding, ship building, auto manufacture and/or repair, ceramic glazing, renovation of old houses, manufacture and/or use of fire arms (i.e. firing ranges for police/military), test family members immediately.
- Babies in exposed areas should have initial screening by 9 months and no later than 12 months.
- If your family, group day care or center is housed in an older building as described above, test the paint for lead content.

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EDITORIAL STAFF

Tina Marks	Home Licensing Consultant
Sue Young	Home Licensing Consultant
Sandra Settergren	Home Licensing Consultant
Carole Grates	Center Licensing Consultant
Patricia Hearron	Center Licensing Consultant
Judy Levine	Supervisor
Diane Einiks	Illustrator

NEWS BULLETIN: TREASURE CHEST

*By The American Heart Association
of Michigan*

For students in Michigan pre-schools, this years curriculum could include a subject that can keep them healthy for life. The American Heart Association is helping pre-schoolers learn about how their hearts work and how to develop healthy lifestyle habits through a special health education program entitled *Treasure Chest*. Packaged in a box that looks like a pirate's treasure chest, the program includes audiovisuals, class activities, books, music, fingerplays and games to teach young children about their hearts.

Each day of this three-week program, a new surprise can be taken out of the *Treasure Chest* and used as a teaching tool. One day might feature a stethoscope so youngsters can listen to their heartbeats. The heart's pumping action is simulated with a syringe and tubing to pump water. Students sing songs and read stories about the heart and are shown pictures of proper exercise and rest. They also learn about healthy lifestyle habits from a board game. This information is reinforced by sending the children home with newsletters for their parents outlining how they can help their children adopt heart-healthy lifestyles.

Research shows that the initial stages of heart disease can appear as early as age three. It is the hope of the American Heart Association of Michigan that *Treasure Chest* will give young children a fighting chance against heart disease and stroke by giving them the basic information they need to start adopting healthy lifestyle habits.



**American Heart
Association
of Michigan**

A United Way Agency

For information on obtaining the *Treasure Chest* program, contact your local chapter of the American Heart Association of Michigan.

"THE COLD" STRIKES

*By Maresa Hayhoe
Family Day Care Provider, Ingham County*

Fall has tumbled into my family day care home and with it has arrived "The Cold." "The Cold" is that sneaky creepy crawlly that has made Kleenex a household word and has given new meaning to "God Bless You."

The average one-year-old will have 12 colds this year. Multiply that by toddlers in care and you will practically have an infirmary! To make matters worse, colds are easily spread, especially among toddlers.

While you can't prevent colds completely, there are several steps I've found handy in reducing illnesses in my home. Since a primary method of infection is through contact with contaminated surfaces, care in disinfecting is helpful.

Chlorine bleach, used according to directions, is probably the most economical and reliable disinfectant I've found. (Caution: It is poisonous!) I disinfect toys, eating utensils, (not silver, it will discolor,) kitchen surfaces, bedding, clothing, diaper pins and potties with it. It is very effective and very strong. (The health department recommends the following procedure: wash the item(s) in soapy water, rinse well and either submerge object or spray it with a solution of one tablespoon bleach to one gallon of water and then sun or air dry the objects).

For further disease prevention, I use paper cups and plates. I avoid shared wash cloths, preferring either disposable wipes or heavy-duty paper towels. Bibs are also not shared and are washed with chlorine bleach.

I also pay particular attention to my own hygiene habits. I try to wash my hands often, especially after wiping a nose as well as before and after diapering and toileting. When diapering infants, I either disinfect the changing table between uses or set up individual changing areas. I encourage use of facial tissues, covering your coughs and "restricted" kissing. (Foreheads, tops of heads and cheeks are favorite "kissing spots" at Resa's Place.)

Still, even with these precautions, "The Cold" has found a residence in my home. Nevertheless, there are fewer colds now and I'm sure it's because we're working at "disease control." Now, if only bladder control were so easy!

Reprinted from the November, 1983 issue of "The Beacon," a quarterly publication of the Michigan Association for the Education of Young Children.

ANIMALS AS PETS: GUIDELINES FOR CHILD CARE SETTINGS

By Diane Behe Gorch

Environmental Health Sanitarian, Ingham County

Animals can provide hours of enjoyment for children and can help them learn about their nature and habits. Children can learn responsibility and derive affection and companionship from them.

In considering an animal in a child day care setting, these concerns must be addressed:

1. Does the animal have the temperament to tolerate the attention it will be subject to?
2. Is the animal accustomed to the presence and activities of small children?
3. Is the animal's inoculation against rabies and other infectious diseases current? Is it free of worms and other intestinal parasites? Worms which grow in the animal's gut pass out of the animal via the feces. Many animals clean themselves by licking. They may pass on the worm's eggs by licking the child's face. Is it free from flea infestations? Fleas and their eggs can fall into carpeting, where they stay until they require a blood meal. Then they will infest not only the animals but can also infest the children.
4. Is the animal thoroughly house trained? Is it obedient to commands of those individuals in charge?

Should an animal be acceptable on these points, other problems must be addressed:

1. Are any of the children allergic to dogs, cats, and/or other animals?
2. Children must wash their hands and face thoroughly after playing with the animal.
3. The animal's nails should be trimmed and it should be brushed and bathed regularly.
4. The animal should be restricted so that it is not allowed in the kitchen and dining areas. Hair and dander is persistent and is undesirable in these areas.
5. All floors in the child care setting where the animal is present should be thoroughly cleaned and/or vacuumed daily.
6. The animal should have a separate place where it is fed and where it can retreat to if it becomes too harassed by the children.
7. Diligent attention must be given to the proper daily disposal of animal feces. Children must not be allowed to play in the area where the animal relieves itself.

If any of these guidelines are not provided for, the idea of having an animal at a child care facility should be seriously reconsidered.



TOOTH KNOCKED OUT? PUT IT BACK

Would you know what to do if you, or someone close to you, accidentally knocked out a tooth? Don't put it under your pillow for the tooth fairy. If you can, says the American Dental Association, put it back where it came from. A tooth has a good chance of surviving if it is pushed back into the socket within 30 minutes. Your dentist can do it if he's nearby, but while you're in transit, carry the tooth inside your mouth, not in a paper tissue.

Better yet, put it back yourself. But remember, the tooth should not be disinfected or scraped before being replaced. Even tap water or alcohol will devitalize the membrane that covers the root of the tooth. If it's dirty, just lick it off, says the Dental Association, or gently suck on it. Once it's back in place, press down on it with a finger or bite onto a rolled handkerchief and then head for the dentist. He'll probably need to splint it in place for a week or so.

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RESOURCES FOR HEALTH & SAFETY ISSUE II

Child Care Information Exchange

Box 2890, Redmond, Washington 98073

Regular health feature included in bi-monthly publication.

"Priorities for Health & Safety in Child Care"
(Child Care Information Exchange 7/86)

"What's All This About Sick Child Care?"
(Child Care Information Exchange 7/86)

"Playground Safety Tips" *Pre-K Today*
(Scholastic Public — Spring 86)

Communicable Disease in Child Care Settings

Prepared jointly by the Michigan Department of Social Services, Division of Child Care Licensing and Michigan Department of Public Health. Available free from your licensing consultant.

A New Vaccine to Make the World A Safer Place for Your Child

Free pamphlet for parents from Mead Johnson, Evansville, Illinois 47721. Discusses Hib vaccine.

Be Sure It's Safe for Your Baby

Free pamphlet from Juvenile Products Manufacturers Association.

Michigan State University

Cooperative Extension Office

Look for local office in your area. Free pamphlets on many health issues.

Michigan Department of Public Health

Free materials on a variety of health-related topics and consultation from public health nurses.

A New Look at Poisonous Plants. Susan Seder. Poison Control Center. Children's Hospital of Michigan and Michigan Department of Public Health. Detroit: Outside Metro Area (313) 1-800-462-6642. Rest of Michigan 1-800-572-1655.

Common Poisonous Plants, Cooperative Extension Service, Washtenaw County Extension Office, P.O. Box 8645, 4133 Washtenaw Avenue, Ann Arbor, Michigan 48107.

FEEDING PRINCIPLES FOR INFANTS AND YOUNG CHILDREN*

*By Leslie Hoover, RN, MA
Michigan Department of Public Health*

Principle

1. Do not feed child while child is lying down or flat; child's head should be higher than hips during feeding.
2. Burp baby at least half way through the feeding and at the end of the feeding.
3. Allow pauses in feeding as indicated by the child's behavior (turning head away, falling asleep, pushing food away, arching back, pursing lips, etc.).
4. Do not place infant flat on back to sleep.
5. Do not give child bottle in bed or prop bottle, leaving child unattended.
6. Do not feed small, hard objects to children under 2 years of age (such as peanuts, popcorn, chewing gum, hard candies, etc.).

Reason

1. To prevent choking; to prevent formula from entering eustachian tubes (ears) which can promote otitis media (ear infections).
2. To prevent regurgitation of formula and aspiration into the lungs (infants normally take in air when sucking which necessitates the burping).
3. To prevent overdistention which can cause excessive regurgitation, pain and/or discomfort; to prevent overeating which can establish a pattern for later life.
4. To prevent aspiration of food materials into the lungs.
5. To discourage omission of burping; same as #1 above.
6. To prevent aspiration and choking since the chewing/swallowing sequence is still immature and the size of the bronchials is conducive to lodging of such objects in the airways and causing obstruction.

* Related to technique and not to nutritional composition.

PROVIDER'S CORNER

Midwest Association for the Education of Young Children Conference

Dates: April 2-5

Where: Detroit's Westin Hotel



WANTED: HOSPITABLE HOSTS FOR MIDWEST CONFERENCE

Job Description: Guide conferees attending Midwest Conference at the Westin Hotel, April 2-5, 1987, for a flexible two-hour time slot between 8:00 a.m. and 4:00 p.m. Answer their questions. (We'll supply maps and the answers at an orientation session.)

OR

Work on Hospitality Committee organizing and manning Hospitality Suite.

Remuneration: Fun and satisfaction of being involved in and contributing to a regional conference of your colleagues. (It's a great way to meet others in Early Childhood Education.)

Contact: Ros Gilson — 626-5886

PLEASE CALL!

Michigan Council of Cooperative Nurseries Spring Conference

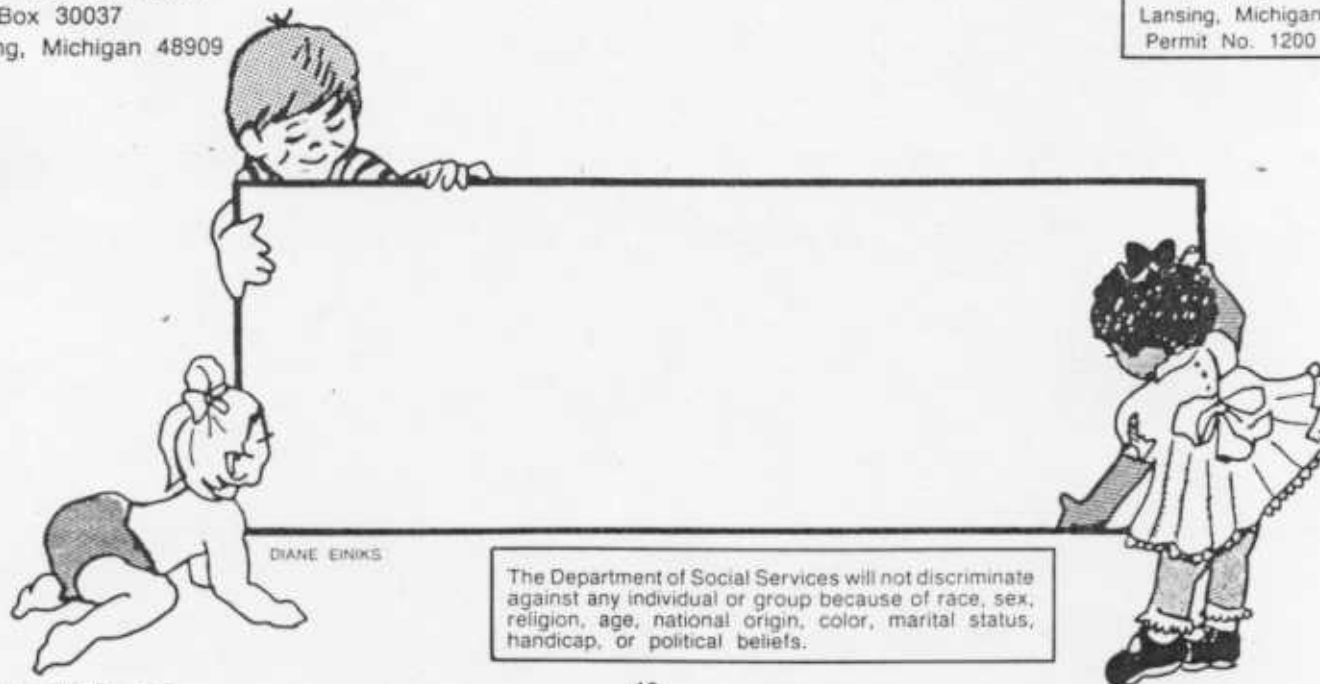
When: May 1 and 2

Where: Michigan State University, Kellogg Center

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